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DEATH BY STRYCHNINE—REPORT ON THE CASE OF THE LATE
DR. W. C. WARNER.

[Communicated for the Boston Medical and Surgical Journal.]

At a late meeting of the Addison County Medical Society of Vermont, the undersigned were appointed a committee to ascertain the facts in the case of one of their members, the unfortunate William Cullen Warner, M.D., of Bristol, who deceased, suddenly, at Montpelier, October 11th, 1846, in the thirty-ninth year of his age, while he was a member of the Legislature.

On account of there having been considerable discrepancy in the published reports in relation to this melancholy event, the committee addressed letters of inquiry to the Hon. Daniel O. Onion, M.D., of the Vermont Senate, and to Charles W. Horton, M.D., Member of the House, each of whom, they had learned, were present during most, if not all, the period of the sudden and tragical event. To the inquiries of the committee each of these gentlemen has given prompt and satisfactory replies, which in substance are here subjoined.

1. In your opinion how much sulphate of strychnia was taken?

To this Dr. Onion answers, "I think probably from one fourth to one half a grain. As he intended to take, and supposed he was taking, morphia, he would be likely to use the same quantity he was in the habit of using of that article, although there was no evidence at the time of the quantity taken." To Dr. Horton, who was called into the room immediately after the accident, Dr. Warner said, "Dr., I have taken by accident an over dose of morphia; help me if you can," at the same time handing him the phial enveloped in paper.

2. How soon after was any effect produced?

Dr. Horton says, "It is my opinion, from facts subsequently obtained from Gen. W. Nash, who occupied the same room with him, that he felt the effects in less than five minutes."

3. What was the first symptom?

Dr. H. replies, "constriction of the throat and tightness of the chest, with rigidity of the muscles in attempting to move." Dr. O. says, "He first complained of a want of air, and requested the window to be raised; whether it was from faintness or a constriction about the respiratory organs, I do not know, although I think the latter."

4. What symptoms ensued from the first till death occurred?

Says Dr. O., "When I first saw him, he was lying upon the bed in a complete *tetanic convulsion*; his head somewhat drawn back; his countenance completely livid, with some frothy matter issuing from his mouth, with frequent moans. The palpebra constantly in motion. This first paroxysm may have lasted some five minutes, which was succeeded by an interval of partial calm." "During this interval," continues Dr. O., "it was somewhat difficult for him to articulate with distinctness. He made several attempts to vomit in this interval, by exciting the fauces with his finger. There seemed to be some constriction about the throat, as it was difficult for him to swallow." "This interval lasted perhaps five minutes, when another paroxysm commenced by a little starting and stiffening of the extremities, and immediately the whole body was thrown into a tetanic paroxysm, in appearance like the first, and lasted two or three minutes, when death ended the struggle."

"In about three minutes from the first paroxysm," says Dr. H., "the tetanus again returned, and in the space of two minutes death closed the scene, with terrible spasms of the entire system. The pulse remained unaffected till the last struggle. It is my opinion that the immediate cause of death was suspension (?) from spasm."

"His appearance," says Dr. O., "led me to believe that death ensued from asphyxia or suffocation. There must have been great congestion of the brain, which of itself might have proved fatal."

5. How soon after taking the article did death occur?

Dr. H. says, "From the best information which I could obtain, I should judge that death ensued in fourteen minutes." "The time from taking the article till death ensued," Dr. O. remarks, "could not have been over twenty minutes."

6. Did his mind remain clear till the last struggle?

"I think," replies Dr. H., "that he was perfectly conscious from the first to the last, except in the paroxysm of tetanus, from the following facts:—1. His appeal which he made to me, as noted in the first article. 2. On loosening his cravat, he requested me to unbutton his vest, at the same time desiring me to take out his gold watch and take care of it. 3. An emetic having been administered, he applied his finger to his throat to provoke a nausea. 4. And, from the last words he uttered, '*I fear, I fear, O God deliver me.*'"

7. What means were used to prevent the fatal result?

Dr. H. says, "On witnessing the first symptoms, I left the room for the purpose of obtaining medicine. I procured an emetic of sulphate of copper and ipecac.; but returning and finding him in a tetanus, I immediately dashed cold water on his head, face and breast, and used the most powerful friction on the extremities. He returned to a state of perfect consciousness. I then proceeded forthwith to administer the emetic, making use of diluents copiously. I sent a messenger for some vinegar and ground mustard, and another for a stomach pump. I used the ground mustard, in warm water freely, to all of which the patient submitted, seeming to be very grateful for the efforts which I was making for his relief. The means were used without any apparent effects." "When death

had ensued, a number of the medical fraternity being present, we retired into an adjoining room, when the fatal bottle was produced, with the wrapper still around it. On removing this, it was found labelled 'strychnine.' Dr. O. states, that "till this time, we were in ignorance of what he had taken." Dr. H. avers, "that here I wish definitely to state, that before the last paroxysm came on, I was fully convinced in my own mind that the fatal drug was not morphia, but strychnia, and I so declared to those present at the time."

From facts before the committee, derived from reliable sources, it appears that on the afternoon of the second day before the fatal accident, Dr. Warner called at an apothecary store in Montpelier, and asked for and purchased what he supposed to have been a bottle of sulphate of morphia. This was handed to him by the apothecary, enveloped in a brown paper and twisted at both ends. That on the fatal morning Dr. W. tore off the envelope surrounding the mouth of the bottle, and took a portion of what he supposed to have been morphia. He then proceeded to pour some of the supposed morphia into a small phial in which he had been in the habit of carrying sulphate of morphia, when he was suddenly arrested by the symptoms narrated. It is quite clear that he never entertained any idea of the fatal drug he had taken. "I am certain," says his afflicted brother, "that he never for a moment suspected that he had taken strychnia, and was wholly unconscious of the agency which had produced his awfully unprecedented sufferings."

Dr. W. had never possessed very firm health, and for about two years before his death he had suffered from an inordinate action of the heart, for which he had occasionally taken morphia. This affection of the heart had been the sequence of an inflammatory affection of the chest, which he had early in the year 1844.

The committee have taken considerable pains to ascertain the facts in this melancholy instance of death from a mysterious mistake. The mistake was certainly a singular and mysterious one, both in relation to the apothecary and the unfortunate man. It appears that Dr. W. asked for sulphate of morphia; the apothecary intended and supposed he had sold him morphia till after the fatal event, when he found, through mistake, he had given him, enveloped in a paper, a bottle of sulphate of strychnia in lieu of morphia. This exposition of facts appears to be demanded in justice to the character of the deceased, to the apothecary and to the medical profession.

In a medical point of view, the case is one of much and deep interest, since it so clearly manifests the true and energetic character of this somewhat new medicinal agent. And in a medico-legal consideration, it may prove of immense importance. In the suddenness of the effects, and in the quickness of the fatality, from the use of strychnia, this case is probably without a precedent. Christison, Pereira, and several monographical writers, in the periodicals, have recorded some bad results, and some fatal cases, from over dosing with this agent; but no instance has fallen under our notice in the human subject in which its administration, either accidentally or otherwise, has so speedily and terrifically proved fatal.

"No poison," says Christison, "is endowed with more destructive energy than strychnia." "I have," he adds, "killed a dog in two minutes with the sixth part of a grain, injected in the form of an alcoholic solution into the chest. I have seen a wild boar killed in the same manner with the third of a grain, in ten minutes; and there is little doubt that half a grain thrust into a wound might kill a man in less than a quarter of an hour. It acts in whatever way it is introduced into the system, but most energetically when injected into the veins."

With the exception of prussic and oxalic acids, there is probably no agent possessing an equally destructive power. Strong prussic acid is well known to be sufficiently energetic to destroy cats or dogs, when properly administered, in less than a minute. And Pereira examined the body of a man who had accidentally taken oxalic acid in lieu of Epsom salts, and died in twenty minutes.

March 25th, 1847.

JONATHAN A. ALLEN, M.D.

ERASMUS D. WARNER, M.D.

WM. P. RUSSELL, M.D.

REMARKS ON MEDICAL REFORM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As we have had divers plans for medical reform, by "Old Physic," "Young Physic," &c. &c., and as this is the age of *reform*, permit me, through your pages, to offer some suggestions from this *ultima thule* of medical science. That there is an evil to be remedied, all concede; how that evil is to be remedied, is the question. I hold that a man's respectability depends upon his own conduct and prudence—that what is true of individuals, is, in general, true of corporate bodies; of course, that our usefulness and respectability depend mainly upon our own conduct. If we are true to ourselves as a body, we shall be able to look all opposition in the face. Our body, though, is composed of individuals, each of whom is, to a certain extent, independent, and many of whom do not seem to reflect, that their respectability is to a certain degree affected by anything which injures the profession at large. They even think, in particular cases, their interest and that of the profession antagonistic. Whilst such opinions are held and acted on by a large portion of the profession, it must suffer in the estimation of the community. It is necessary that we come to be guided by what is right, rather than by what *seems* to be expedient. We must learn to consider and treat each other as gentlemen. Of course we must be gentlemen. We must individually expect to stand upon our own merits, not upon the want of merit in our competitors. For example—some twenty years ago, there were scarcely two physicians, in a certain town, who were on friendly terms. If a consultation was forced upon one physician, one great object with him was to protect his own reputation. With his rival, one great object was to bring him into disgrace. There were constantly more or less feuds in the community, engendered by the physicians or their partizans. Then an injury inflicted on one physician, was considered as a benefit to some

other. They aimed to stand upon the wrong foundation—the want of merit in their competitors. Now, in that town, the physicians have learned better. They are not, perhaps, better men; but they consider and treat each other as gentlemen, there is no overt act of disrespect—no bickerings. Consultations are much more frequent. In these consultations there are frankness and candor, which never could have existed under the former state of things. They ask each other to see patients with them, and for them, and to attend *post-mortem* examinations with them. They now have a standing in the estimation of the community, which they had not formerly. In short, the profession in that town is respected. What is true of that town, would be true of all others under similar circumstances.

Another point upon which we need reform, is *education*. From the earliest settlement of this country, we have had men who practised medicine either without any education, or such as was obtained from a village physician. Their information was limited, their pretensions humble. They had no respectable colleges to give them certificates of what was not true. In those days, a diploma was an honor. It presupposed some two or three years study at least. Few, if any, had the temerity to subject themselves to the trial, who had not some classical education prior to commencing their professional studies. But now, how changed! A young man, with the most ordinary education, becomes ambitious to be a physician—or is too lazy to work; he commences his study in the lecture room, reads the next summer, attends another course of lectures the ensuing winter, and—graduates! Another matriculates about the middle of January, having six or eight weeks intermission in his ordinary business; spends the next summer, and until after Christmas, in attending to business, which precludes the possibility of his reading in the day time; matriculates again in January, and graduates in the spring! *Talia sunt*. Yet our colleges affect to require three years previous professional study, and an attendance upon two full courses of lectures. It would seem to be the ambition of our schools—not which should send out the best instructed physicians, but which should send out the most. This seems to me quackery in its worst form. When a quack appears upon his own responsibility, if any one is duped by him, it is his own fault; but when the quack appears, armed with a diploma from a respectable medical school, the sin lies not in the deluded victim, but in those who have thus armed the quack.

How is this state of things to be remedied? Our schools say they are compelled to teach such pupils as the physicians send up to them. The answer is not valid; at least, as implied. No man or set of men ought to be blamed for trying to improve the rising generation, hence they *may* be excused for instructing such as are sent; but I am of opinion, that instructing a pupil is a very different thing from giving him a diploma, declaring him qualified to practise the profession—and this, too, when they might know, that such student had not fulfilled the terms which entitle him to an examination.

Then our schools do wrong in graduating students who have not

acquired, and in the nature of things could not have acquired, a suitable amount of medical education. Let our schools do one of two things: either stand up to the rules which themselves have made; or, do what I would consider at least as proper as their present course, advertise that, for a given sum, they will confer a degree upon any man who shall not miss more than three out of any four questions that shall be asked him.

Let me be understood; I do not charge that the professors in our schools are incompetent to teach, that they are not highly respectable in the profession—no such thing; but I believe they do jointly, what no one of them would dare to do individually—declare a given individual worthy of public confidence as a physician; that a diploma now is not what it ought to be, an evidence that the holder has acquired that amount of professional information which qualifies him to take charge of the health of the community—in fact, that *it, of itself, is of no value whatever.*

My plan is, that our schools set up a standard of scholastic education, which every candidate for a degree shall show himself to possess—not bring a certificate from Tom, Dick or Harry, that he has it—that in that, and in all rules, they adhere to the plain understanding of the rules, and graduate no one who does not in truth deserve it—that they reflect, that something is due to the community whose lives and health are at stake, as well as to the men who have paid their tuition fees. Or if they must needs graduate those who have no preparatory education, let there be a different degree. Let there be some distinction between the well-educated physician and him who is not. If any of our schools will not take this stand, then my plan is, that physicians cease to send students to such schools. Let them, at the same time, refuse to receive pupils themselves who have not a suitable foundation on which to build. Physicians may think it hazardous to undertake it. But we ought to run some risk to do our duty. I hold it our duty to the community to do it. I will not take a young man into my office who has not sufficient education to enable him, by perseverance, to become a respectable member of the profession. He must pay me for his tuition. I will take pains to instruct him. *And I will not advise him to graduate in any school where no standard of preliminary study is set up.* Such is my plan for reform. How many are willing to adopt it?

Georgetown, Ky., March 17, 1847.

Very respectfully,
MEDICUS.

RETENTION OF URINE AFTER LABOR.

[Communicated for the Boston Medical and Surgical Journal.]

To Prof. Gunning S. Bedford, M.D., New York.

DEAR SIR,—The case detailed below was intended solely for your inspection, but as I find it possessed of more than an ordinary share of interest, I am induced to offer it for publication, believing that it will serve to remind my junior brethren of *the necessity in all cases of "tracing effect to its proper cause,"* and that it will also admonish my seniors in the profession, that *they too* are fallible and liable to err.

June 28th, 1845, I was requested to visit Mrs. Samuel Mitchell, in an adjoining town. On my arrival at the house, I received the following history from her physician, Dr. H——.* Mrs. M. had given birth to a child ten days previous, the labor not being unusually long or severe. She appeared to be "doing well," until the morning of the 27th, when she remarked to her nurse that the room was becoming dark, and immediately she was seized with convulsions. From these, she would, at first, partially recover, but was soon seized with another more severe than that which had preceded it; having had no less than nine distinct and well-marked convulsions on that day. A messenger was despatched for Dr. H., soon after Mrs. M. was attacked, but he being absent, a neighboring physician, Dr. T., was called. He thought her to be suffering from puerperal convulsions, and immediately resorted to venesection. Dr. H. saw her in the evening, agreed with Dr. T. as to the diagnosis, practised venesection, and commenced giving tinct. stramonium, but what else, has passed from my mind. Dr. T. visited her the next morning, and finding the convulsions had returned with increased severity, he applied a blister to the back of the neck, and one upon the inner side of each leg. He also directed an enema of starch and laudanum, and a continuance of the treatment as prescribed by Dr. H. the evening previous. The abdomen being greatly distended, they applied fomentations. As the patient was evidently growing worse, farther counsel was desired; hence the occasion of sending for me. With this account, I proceeded to examine the patient. I found her suffering from coma, being wholly unconscious of what was going on around her; pulse 85, but hard; no unnatural degree of heat about the head; the condition of the pupils I do not recollect. There was incontinence of urine, and had been for a day previous. Upon examining the abdomen, I found the bladder enormously distended, its fundus reaching above the umbilicus. I at once suggested the use of the catheter, and at the request of Dr. H. introduced it, and drew from the patient more than one gallon of urine. Of course the distension of the abdomen was quickly and completely removed. In order to guard against inflammation, I advised farther depletion, which was adopted. With my fingers upon the pulse, a vein was opened, and as soon as its hardness appeared to yield, the bleeding was stopped. A cathartic (one of calomel and jalap) was then given, and after its operation, was followed with liberal doses of spts. nit. dulc. By the frequent introduction of the catheter, and by the continued use of the diuretic, alternating with the sup. tart. potass. in doses sufficient to operate as a cathartic, I had the satisfaction to hear that Mrs. M. had fully recovered.

There are some points in the history of the above case that are worth being remembered; and,

1st. The manner of attack; the patient being of a sudden seized with convulsions, while friends, nurse and physician supposed her convalescing.

2d. The absence of all pain, the patient having at no time given any intimation that she experienced the least uncomfortable sensation about

* Drs. T. and H. have had considerable experience in their profession; the first having been in business nearly twenty, and the latter ten years.

the bladder; hence I incline to the opinion that the distension of the bladder commenced in the last months of pregnancy. Chailly, in his admirable treatise on midwifery, page 220, speaking of cases where there is a retention of urine, says, "Happy indeed if the error is soon discovered; for women, through an inconceivable ignorance of their medical attendants, have been known to succumb, with the most excruciating sufferings, and all owing to extreme distension of the bladder." But in the above case the patient complained of no pain, made no complaint, anticipated that she would soon be restored to the pleasures of society, when, suddenly, vision is rendered imperfect, reason is dethroned, and convulsions and coma attack the patient with great severity; yet all this caused by a retention of urine.

3d. Convulsions preceding and for awhile accompanying coma. That the coma was caused by a partial suppression of urine, this last produced by its retention, I think there can be no doubt. But what gave rise to the convulsions? Is it probable that there was a congestion of the brain? I think not. I am disposed to attribute it, like the coma, to the suppression of the urine; the blood thereby being rendered highly irritating, it is easy to see that as this was diffused throughout the brain and whole nervous system, disorder would be very likely to be induced.

I am not aware of any other case of retention or suppression of urine, that was followed by coma, where it was preceded by, and accompanied with, convulsions. If you have met with any similar instance in your own practice, or know of any upon record, please inform me.

In conclusion, permit me to say to you, likewise to your associates in the University, that I am not unmindful of the numerous favors I have received from your and their hands. I call to mind, with feelings of the highest pleasure, the many days I have spent in listening to the valuable precepts you all labored so arduously to inculcate. Let me assure you that my alma mater is not forgotten; that in my intercourse with society, I feel that "my interests are her interests," and with a "watchful eye" shall sacredly guard its reputation. That its present prosperity may ever continue, is the fervent prayer of

Your obedient servant,

Colchester, Ct., March 29, 1847.

JAMES R. DOW.

NEW PROCESS FOR PRESERVING ANIMAL SUBSTANCES.

[Translated from the French of Adolphe Bobierre, for this Journal.]

In considering, under the report upon legal medicine, the different antiseptics, placed by chemistry at the disposal of those who devote themselves to the art of preserving bodies, we cannot fail to see that acetic acid deserves the preference. On the other hand, it has the property of softening the bones and blackening the muscles, as the different experiments show. We can in part remedy these evils by associating with it certain metallic oxides; but another difficulty then shows itself, for I believe I have already shown that the use of metallic compounds in embalming should be hereafter dispensed with; and one of the advan-

tages of acetic acid is, that it is itself an organic compound. We desire, then, to find a substance, which having the good qualities of acetic acid, is free from the inconveniences attending its use. I believe I have solved this problem, by employing a very interesting substance, which I doubt not is to render great service to ingenuity and art, although, as yet, but a small part of its very curious properties is known. I mean the spirit of wood (by-hydrate of methule), whose chemical history has been so ably treated in the beautiful work of MM. Dumas and Peligot.*

By dissolving a certain amount of camphor in the spirit of wood, its antiseptic power is increased, and we may obtain a liquid, which may be used with advantage as an injection, to ensure the preservation of bodies intended for burial. The following is the method of operation. To about one pint and a half of rectified spirits of wood add about seven drachms of camphor; stop the vessel and shake it. Solution takes place rapidly. Add to the mixture a scruple and a half of essence of lavender. The liquid is then ready for injection.

For embalming a body the carotid artery should be injected, after being exposed by a small incision. That done, varnish the surface of the whole body with two coats of the following composition. R. Rectified spirits of wood, ʒ xvi. ʒ ij.; mastic in tears, ʒ iii. ʒ i. ʒ ij.; camphor, ʒ vij. Put the spirit of wood in a glass vessel, and mix in gradually the resin. Heat the mixture in a water bath, taking great care not to raise the temperature too much, the spirit of wood boiling at 66½ deg. cent. Shake it from time to time. As soon as the resin is dissolved, add the camphor in fragments; its solution is very rapid. The varnish thus prepared must be put in a well-stopped bottle, and used as wanted with a soft brush. When the varnish upon the body has become dry, it is to be rolled with very thin strips of sheet lead,† and afterwards with linen rollers, applied so as to fit perfectly, and the folds made to adhere closely, by means of the following mixture smeared upon one of the surfaces. R. Lead plaster, ʒ xvi.; elemo resin, ʒ x. ʒ vij ss.; olive oil, spirits of wood, āā ʒ vij. ʒ vij. ʒ ii ʒ.

All parts being covered from head to foot, and the turns of the rollers secured by points of suture, the whole is to be again covered with the varnish, applied with a soft brush. The body is then to be placed in a leaden coffin, with a bottle containing a pound of recently prepared sulphite of soda; the bottle to be imperfectly stopped with a pierced cork. The coffin-lid having been soldered on, the coffin is to be enclosed in an oak box, and eventually in the proper vault, the walls of which ought to

* The spirits of wood, so called on account of its analogy to spirits of wine, is a peculiar liquid, very volatile, which was discovered by Mr. Philippe Taylor, in 1812, among the products of the distillation of wood. It is obtained by submitting pyroligneous acid to successive distillations, rejecting the first which passes over, and rectifying the product with lime over a water bath. Pure spirit of wood is liquid, at very low temperatures, colorless, neutral in its action upon test papers. Its fluidity is very great; and the odor is both alcoholic and empyreumatic; the taste sharp and somewhat biting; the specific gravity 0.798. It boils at between 60 deg. and 65 deg. cent. It takes fire on the approach of a body in a state of combustion, and burns with a bluish white flame.

† The leaden rollers are not absolutely necessary, and may be dispensed with.

be covered with Roman cement or bitumen. This, not very expensive lining, is a powerful agent for protecting the whole from the moisture which so easily passes through the joints of the stone work, and which so actively assists in the putrefaction of bodies enclosed in wood simply.

The operation consists, then, in

- 1st. Injecting the liquid through the carotid artery.
- 2d. Covering the body with several coats of varnish.
- 3d. Enveloping it with lead rollers, and again with linen rendered adhesive as above, and afterwards re-varnishing.
- 4th. Placing it in a leaden coffin, containing an imperfectly stopped bottle of sulphite of soda.

PRESERVATION OF ANATOMICAL SPECIMENS.—The liquid mentioned above is to be used for this, mixed with water in the proportions of one of the prepared liquid to three of water. A precipitate of camphor is formed immediately, which may be separated by filtering. The liquid which passes through still holds in solution a proportion of camphor, and may be used advantageously in place of alcohol, which is expensive, and of the saline preparations, which are either dangerous to operators, or form deposits upon the containing vessels.

As the quantity of camphor left in the mixture is very small, we might be inclined to use a smaller quantity in making the liquid; I have remarked, however, in this case, that the solid matter being more divided, the precipitate is less coherent, and the liquid passes less clear. Besides the excess of camphor is not lost, since it is only to be re-dissolved for future use.

The parts should be soaked several days in this liquid, and then put permanently in a second supply, and they will be preserved as completely as by alcohol.*

I have many preparations preserved in this manner, and, save a slight blanching of the muscular tissue, which cannot be avoided by any means of preservation, they are perfectly satisfactory.

Before passing to the process for preserving specimens of natural history, I will add, that the odor of the camphorated spirit of wood does not forbid the hope, that it will be eventually used in its place in the anatomical room. The odor is neither hurtful nor repulsive; on the contrary, it would be useful, from its hygienic properties, in the dissecting room, generally so poorly ventilated; but one must become accustomed to it, and that would be less troublesome than to accustom one's self to the smell of sulphuretted hydrogen, which is generally given off from subjects during dissection.†

The problem of a healthy dissecting room is yet to be solved. But one measure, which would contribute much to this end, would be to es-

* Where we use the methalo-camphorated water, of which I have shown the preparation, it often happens that a certain space of time is necessary for the liquid to become perfectly clear; for most preparations, I use, therefore, a mixture of one part of the spirit to three of water, in which I keep the specimens, after they have been previously soaked in a mixture of the same strength.

† It is a fact that most persons, who are engaged in practical anatomy, prefer the cadaverous smell to that of chlorine, which is often employed to stop advanced decomposition.

tablish proper ventilation. Since we do not possess the means of entirely and conveniently preserving subjects for dissection, let us do what we can to drive off the noxious gases which are constantly disengaged, and which are so great a cause of insalubrity. Ventilation would be more easy to establish during the dissecting season, winter, when the means of heating can be conveniently used.

PRESERVATION OF OBJECTS OF NATURAL HISTORY.—I have already shown the inconveniences attending the various processes for this purpose. The arsenical soap of Bécœm, the solution of powder of nux vomica, expose the operator to real danger. They could not be better replaced, I think, than by the camphorated spirit of wood, in which mastic and essence of thyme, in the following proportions, have been mixed. R. Spirits of wood, ʒ xvj. ʒ ij.; mastic (in tears), ʒ iij. ʒ j. ʒ ij.; camphor, ʒ vij.; essence of thyme, ʒ jss. The quantity of resin should vary according to the particular use to be made of the solution, but it is always useful to have it present, as it prevents the too speedy volatilization of the camphor.*

Reptiles, fishes and insects should be covered with at least two coats of this liquid, which without contradiction is the most efficacious as a preservative against insects.

Birds should be immersed in a preparation in the following proportion : R. Spirits of wood, 9 parts ; essence of thyme, 1 part.

Animals, whose skins we wish to keep unremoved, should be treated in the same manner, taking the precaution to keep an imperfectly-closed bottle of the liquid in the same case with the preparation.

Boston, April 5, 1847.

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 73.]

BREAD (*subject continued*).—Vogel gives the following as the composition of wheaten bread, made without salt and with distilled water, carbonic acid and the chlorides of calcium and magnesium being left out of the analysis :

Gluten	- - - - -	20.75
Starch	- - - - -	53.5
Torrified ditto	- - - - -	18.
Sugar	- - - - -	3.75

We also omitted to give, in our last, the proportions in the patent of Dr. Whiting, taken out in 1836, for bread made without yeast, and with soda and muciac acid. It is as follows :—Wheaten flour, seven pounds ;

* Vegetable specimens may be equally well preserved by immersion in the above. There is an object for which this camphorated spirit of wood may be used, and which should not be omitted here. I mean the preservation of cantharides for pharmaceutical use. Even closely shut up, the cantharides are infested by various insects and larvæ. Some of them may be driven off by camphor ; upon others this has no effect ; mercury, which is recommended by some chemists, although better than camphor, is not satisfactory. Other means have failed. But by placing a bottle of the camphorated methylic water tightly stopped, so as to allow the fumes to rise, in the vessel of cantharides, they are protected from the ravages of the insects, &c.

carbonate of soda, 350 to 500 grains ; hydrochloric acid, from 420 to 560 grains ; water, two pints and three quarters.

Beer.—Though by mistake we have let the subject of beer fall out of its literal order, yet, happily, the error is one easy of correction. We proceed to submit a few observations on the dietetical and therapeutic properties of malt liquors.

Barley which has been made slightly to germinate, and has then been dried, so as to destroy its vital property, forms the substance called malt. The process now described gives rise to a principle named diastase. Three degrees of heat are applied to barley in the above preparation : first, a moderate degree, producing pale malt, which is capable of fermentation ; and two greater degrees, producing brown and torrifed malt, neither of which is fermentable, and the former of which is employed for flavoring, the latter for coloring. From the pale malt, ales, and from a mixture of pale and torrifed malt, porters, are prepared. To both ale and porter an infusion of hops is added ; and, in general, porter is more highly hopped than ale. New ale and porter which are free from acid are named mild ; those which have been kept for some time, and in which acid is developed, are called hard. Some people prefer hard beer, and to suit this taste, the publicans are accustomed, when necessary, to convert mild into hard beer, by a summary and simple process, to wit, the addition of sulphuric acid. Again, others prefer mild beer, and the publicans, when their supply of this is low, and they have an abundance of old or hard beer, convert the latter into mild by adding to it soda, potass, carbonate of lime, &c.

Various other adulterations are practised. The narcotic quality of hop is replaced by *cocculus indicus* ; sweetness and color, by liquorice (an innocent fraud) ; thickness, by linseed ; a biting pungency, by carraway-seed and cayenne pepper. I have been informed, also, that *nux vomica* is sometimes used, to give at once the desired narcotic quality and bitter taste. *Quassia* is also said to be used with the latter view ; treacle is likewise employed to give sweetness and consistence ; while, to give beer a frothy surface, sulphate of iron and alum are had recourse to. Such is the wholesome beverage of which nine-tenths of the English people daily partake ! Yet the frequent or constant occurrence of these adulterations is known, and a crime which a Turkish Cadi would punish with summary decapitation, is almost wholly winked at by the police of this country. While a loud outcry is made about many partial and circumscribed omissions or contraventions of sanitary conditions affecting the health of particular districts, this evil, deteriorating the health of thousands, and deliberately perpetrated, is overlooked.

Taken moderately, and by persons who do not eat inordinately of animal food, and who use sufficient exercise, ale and porter are harmless, and may even be allowed to be, in some cases, productive of advantage. The cases, however, in which either beverage is indispensable to those in health, are rare indeed, if, in truth, there are any cases. But the use of malt liquor, if not necessary, must be hurtful, since the body is thereby trained to rely on a stimulant of a very artificial kind ; one that expe-

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rience shows us is far more apt to be abused than the more natural and wholesome supports of the body, bread, vegetables, &c., are liable to be; one that almost always induces in those who systematically use it, a habit of body in which disease more readily occurs, more rapidly progresses, and more tends to grave or fatal terminations, than in the cases of those not used to that stimulus. These we hold to be facts undeniable.

Cases of simple and direct debility, uncomplicated with any derangement of the digestive organs; cases of emaciation after fevers, inflammations, or other exhausting diseases; cases of extensive loss of blood from hæmorrhage; cases of profuse suppuration from abscesses or sores; cases of morbid discharges of an exhausting kind, as copious blennorrhœa, &c.—these are the cases in which malt liquors are positively indicated.

Indian pale ale, which is, I believe, doubly hopped, and in which care is taken to prevent the development of acid, is taken by many without the inconveniences attending the other species of beer. The strong and syrupy ales—as Leith, Alloa, Burton and Kennet—are apt to be acacent on many stomachs, to cause flatus and even febrile excitement, and in persons disposed to renal disease, to give rise to dysuria and various urinary deposits. These strong and rich ales are said to be fattening; and they certainly seem to increase the bulk of those largely employing them; but the increase is due to an augmented deposition of adipose matter, not of muscular fibre, and in some cases the enlargement seems partly cedematous.

Porter and ale seem best to suit meals in which little or no soup or vegetables are taken, but in which bread and meat are alone or chiefly used. Vegetables, more especially cabbages, or turnips, or vegetable soups, taken along with beer, are extremely apt to produce flatulence, and sometimes colic.

The composition of the milder sort of beer may, in round numbers, be stated to be—

Water, carbonic and acetic acids - - -	90.
Alcohol - - - - -	3.
Extract - - - - -	4.
Albumen - - - - -	0.5
Phosphate and sulphate of potash, chloride of potassium, phosphate of lime and mag- nesia and silica - - - - -	0.25

Bromine.—There can be no doubt that in some cases of hepatic derangement iodine affords relief; and the action of bromine considerably resembles that of iodine. A congestion both of the biliary and of the bloodvessels of the liver occasionally occurs without any very obvious cause; the bile is scantily discharged; the volume of the liver is enlarged; and the whole abdomen, probably from a *remora* in the portal circulation, becomes tumid, as in incipient ascites. In these circumstances, an effect seemingly magical follows the use of iodine or bromine. The liver acts and subsides, and the belly rapidly resumes its ordinary size.

Magendie's formulæ for the use of bromine are still as good as any, only the doses may be considerably larger than ordered by him. Bro-

mide of potassium, ten grains; orange or cinnamon water, four to six ounces; dose, a dessert spoonful twice or thrice a-day. Or, bromide of iron, thirty-six grains; confection of roses, q. s. for fifty pills; two to be taken night and morning.

In dyspeptics with strumous habits, the above formulæ, the latter of them more particularly, will be found very useful. There is a form of dyspepsia which may be said to be characteristic of strumous subjects; it also is found in persons constitutionally prone to bronchitic attacks; and in both these classes of persons, the mucous membrane of the stomach has the same inflammatory suppositions with that of the trachea and bronchiæ. It is remarkable, that so soon as abscesses form in the lungs, or purulent expectoration begins, the irritability of the stomach disappears, appetite becomes lively, and digestion vigorous.

Cacao.—The several dietetic preparations of the theobroma cacao are found by some dyspeptics to agree better with their stomachs and their comfort than tea or coffee. Tea is found by some to be stimulating; by others, relaxing; by others, astringent. Coffee, stimulating, heating and astringent. We believe all this; but we also think that part of the evils now named is due to the occasionally excessive temperature of the potations. We have frequently known tea and coffee swallowed at a temperature of 140° Fahrenheit. Both tea and coffee are frequently taken too strong in quality—that is, in too highly charged decoction or infusion, and in too large quantity—we mean as regards mechanical bulk, and the consequent distension of the stomach. Perhaps nothing is more calculated to debilitate digestion than large and distending potations of fluid above blood heat. A daily, or rather bi-daily, habit of this sort cannot but fail, in the end, seriously to impair the special nervous sensibility of the stomach, and the vigor and amount of its secretions. We, therefore, have no hesitation in pronouncing tea and coffee, as usually taken, to be deleterious in their effects, and sure, though insidious and perhaps unperceived, inducements of diseases or predispositions to diseases.

Chocolate, and still more, cocoa, are certainly less exceptionable drinks. The homœopathists, who are not inobservant of the effects of diet, allow cocoa, but nearly or wholly exclude coffee and tea; their chemists even prepare a particular cocoa for the use of the sect.

Cæcum.—In all cases of constipation or torpor of the bowels, attention to the cæcum is important. It is here that faecal accumulations are, on several accounts, apt to take place. The circumstance of the large bowel here forming a *cul de sac*, out of which, moreover, the faecal matter, during fourteen or sixteen of the twenty-four hours, can only escape by a course counter to gravity, disposes not a little to the collection there of excrement. And, indeed, in most cases of constipation, in cases of chlorosis, &c., we shall generally both see and feel a fulness at this part, sometimes of remarkable and even alarming extent and hardness. There is generally also considerable tenderness of the part; so that handling or pressure of it causes to the patient, not acute pain perhaps, but an unbearable uneasiness, which prevents you from making the examination freely. And I have no doubt that, in not a few cases, a state of chronic

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irritation, of (sub-) inflammation, and even of ulceration of the mucous membrane of the cæcum, is induced, from the prolonged contact of hardened feces, which, moreover, has become preternaturally fetid, and undergone certain irritating chemical decompositions. In such circumstances, either round or irregular masses of a fatty-looking substance, may often be detected in the evacuations. This consists of inspissated mucus, secreted by a surface highly irritated or sub-inflamed. A slight prolongation or increase of such irritation will convert this inspissated mucous discharge into a purulent one.

The fact of accumulation in the cæcum being ascertained, a bolus of pills, containing ten or fifteen grains of blue pill, aloes and hyoscyamus, in equal parts, are to be given at bed-time, on one, two or three alternate nights. Next morning a dose of castor oil is to be taken, and means afterwards are to be used, both dietetic and purgative, to keep the bowels patent, and prevent a recurrence of the impaction of the cæcum.

Injections are of much use in this complaint, though only, indeed, of temporary utility. They should be of an oleaginous quality, and be large in quantity, and either during, or subsequently to, their being administered to him, the patient should lie on his right side, so as to promote the passage of the injection to the ascending colon and the cæcum. The right groin should be gently, but effectually, kneaded, as it were, by the hand of the patient himself, or of an assistant. In this way, lumpy masses of feces, which had obviously accumulated in the cæcum, may often be brought away, to the great relief of the patient. A tablespoonful or two of oil of turpentine added to the injection, adds much to its efficacy. This oil seems to exert a most salutary influence on the colon.

A German lately came to London, who professed to cure cases of constipation without the aid of medicine, and simply by friction. He rubbed and kneaded the abdomen, first over the small intestines; then, beginning from the right groin, he continued the process all along the course of the colon to the left groin. By this means, he, probably, actually forced along the fluid feces, and, at the same time, stimulated the muscular coat of the intestines to contract. He devoted several hours, on successive days, to this manipulation, and, as I was informed, often succeeded on the second, third or fourth day, even in some obstinate cases.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON. APRIL 14. 1847.

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*The Perkins Institution—Mortality of the Blind.*—Dr. Howe's fifteenth annual report of the Perkins Institution, just from the press, must be very satisfactory to all orders of philanthropists. Massachusetts is honored in the success of this noble charity. From year to year the progress of the blind pupils has been even more than could have been anticipated. In

gaining access to the immortal mind, by the process of telegraphic communication through the ends of the fingers of two such children as Laura Bridgeman and Oliver Caswell, both blind, deaf and dumb, the astonishment of people has been excited wherever the story of their physical condition is known. In appendix C, at the close of the report, some data are given for ascertaining the comparative mortality of the blind, of deaf mutes, and of students in colleges, the result of which is thus stated:—

"Thus it appears that the mortality among the blind is greater than that among seeing persons of their own age, and similarly situated, in the ratio of 98 to 44; and greater than that among the mutes in the ratio of 66 to 44. The average mortality of the two classes, as compared with that of ordinary persons similarly situated, is as 84 to 47.

"These data are, to be sure, few and imperfect; but as they confirm what would be the *a priori* inference, it is probable that a wider circle of observation will show the same results, and perhaps in a more striking degree."

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**Charitable Orthopedic Association.**—A circular informs us that a meeting has been held by gentlemen desirous of advancing the knowledge and practice of orthopedic surgery in this country, and of extending the benefits resulting from it, in the language of the report, to that class of the community who have not the means of paying for their own support while under treatment. The Boston Orthopedic Institution was established by the perseverance of Dr. John B. Brown, and it has acquired a reputation that must be gratifying to the enterprise of the proprietor. The names of some of the most eminent gentlemen in the city are enlisted in this benevolent scheme. They propose to raise funds by voluntary contributions, life subscriptions and life memberships. The institution is located at No. 49 Chambers street, and is open every Wednesday afternoon to the public. Our physicians would find much to interest them in viewing Dr. Brown's curious and costly apparatus.

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**Medical Jubilee Dinner in Albany.**—On the completion, lately, of fifty years spent in the actual practice of medicine, by Dr. William Bay, of Albany, the profession of that city complimented him with a public dinner. The occasion seems to have been an exceedingly agreeable opportunity for the manifestation of those pure and ennobling sentiments which men, devoted to the service of humanity, should exhibit towards each other, and especially towards such as have eminently distinguished themselves by long and laborious devotion to their arduous duties. Prof. T. Romeyn Beck presided, and heightened the festivities by a pleasant sketch of the life of their guest, in connection with historical memoranda of several celebrated members of the profession in New York, who gave character, while they lived, to the science of medicine, and whose names are associated with whatever is great and good, and worthy of imitation by their successors. We were delighted with the account of the doings of the physicians of Albany. In honoring gray hairs, as they did in the person of their excellent neighbor, friend and associate, the venerable Dr. Bay, they will themselves be honored by their medical brethren wherever the circumstances are made known.

*Institutes of Medicine.*—A heavy octavo on the Institutes of Medicine, of 826 pages, elegantly finished in all its typographical properties, and fresh from the press of the Messrs. Harpers, by Martyn Paine, M.D., Professor, &c., in the University of New York, is on the table for examination, but it is quite impossible to be prepared at a moment with a synoptical view of a volume of such magnitude. Our surprise on seeing it, however, was excited, by calling to mind the amazing industry of the author. He has no competitor in America. There is not a man in the United States, to our knowledge, belonging to the profession, who has written such massive works as Dr. Paine. How he manages to accomplish anything else, is equally mysterious. But he is writing for a coming generation, which will, it is believed, appreciate his merits more than his cotemporaries.

*Dr. Stevens's Address.*—On the 11th of March, Alexander H. Stevens, M.D., President and Emeritus Professor of Surgery in the New York College of Physicians and Surgeons, addressed the class of medical graduates, it being the annual commencement. The discourse has been published, and will bear reading several times. There is an undefinable charm in the sentiments of some men, and we love to take in the odor of their wisdom. Great thoughts are by no means necessarily expressed in hard words, or long, difficult sentences, and it is characteristic of the first class of minds, to exhibit intellectual power in union with extreme simplicity. This is eminently the fact in regard to the discourse before us. Dr. Stevens belongs to that generation of medical Solomons who are becoming scarce in the land. He never speaks for show, and it is quite certain that whatever he utters in public, is, like his private conversation, plain and to the purpose. Dr. Stevens does not believe that the study of medicine tends to infidelity. Some of the most illustrious physicians have been eminent for their piety, and a large portion of the most worthy practitioners, he remarks, are of the same character. Let this be strongly impressed on the memory. "Be guarded," he says, "in giving opinions hastily or unnecessarily concerning the nature or probable termination of any case, when you are not quite sure of the correctness of your views. The older men grow, the more cautious they become in making statements which may not be verified. If to inspire confidence in your knowledge, you tell the patient or his friends what you think is his disease, what will be its progress, or what remedies you mean to apply, you are at once committed to a course of procedure." This was directed to the graduates, yet it might be advantageously the subject of reflection with those who have been in the harness of medical responsibility a long while. The matter of this parental exhortation, for such, to a certain degree, it may fairly be called, is well worthy of extensive circulation, and redounds to the honor of the distinguished man who gave it.

*Medical Quackery—its Origin, Cause and Cure.*—Dr. Bostwick, of New York, the author of a pamphlet with the above title, who also has given "Hints to Young Physicians in relation to the important subject of consultation," appears quite familiar with those unfair, unkind and reprehensible methods which are practised by irregular physicians for introducing themselves into notice. There appears to be a local bearing running through the pages, upon the city of New York, and therefore not so clearly under-

stood by strangers as by gentlemen acquainted with the trials and hardships that are interwoven with professional enterprise in that emporium of commerce. Whatever stress is laid upon the necessity of being well prepared to cure the sick, and of living in peace and in charity with all mankind, will meet the approval of all readers.

*Indiana Medical College.*—At the close of the late lecture term at Laporte, Dr. Knapp, Professor of Materia Medica, at the urgent solicitation of the class, consented that an address delivered by him to the graduates, should be published. It abounds in practical good sense, which is well timed, and must have been appreciated by those who had the happiness to hear it from the doctor's own lips. He advises the young gentlemen who were to receive their diplomas, not to resort to the eastern cities, because, in them, he says, there "is a crowded state of the profession"—which is quite true. But he has a second reason for not having them traverse the sea border, as follows: "Besides, vivid impressions of the diseases most prevalent there—continued and typhus fevers, syphilis, phthisis pulmonalis, &c.—may not have been so constantly transferred from your teachers' minds to you, as have the likenesses of the more prevalent western diseases—malarious fevers and their complications." Dr. Knapp fully explains the advantages of the region of country west, for enterprising medical practitioners, properly qualified. That such are not only in constant demand, but also much needed in all the new settlements, we know from a personal examination of the outposts of civilization, to which a mighty tide of emigration is rushing on with unexampled energy. Those who read this discourse will derive both satisfaction and instruction from it. Dr. Knapp is a vigilant sentinel in the *Æsculapian* temple, who has at heart the honor and usefulness of the profession, of which he is an ornament, by the consistency of his life and the efforts of his understanding.

*The Letheon Administered in a Case of Labor.* (To the Editor of the Boston Medical and Surgical Journal.)—DEAR SIR,—On the 7th inst. I administered the vapor of ether in a case of natural labor. The patient was in good health, and in labor of her third child. Five and a half hours having elapsed from the commencement of labor, her pains, which had been light, but regular, becoming severe, the vapor of ether was inhaled by the *nose*, and exhaled by the mouth. The patient had no difficulty in taking the vapor in this manner from the reservoir, without any valvular apparatus.

In the course of twenty minutes four pains had occurred without suffering, the vapor of ether being administered between each pain. Consciousness was unimpaired and labor not retarded. Inhalation was then suspended, that a comparison might be made between the effective force of the throes with and without the vapor of ether. No material difference was detected, but the distress of the patient was great. Inhalation was resumed, but the progress of the labor was so rapid that time could not be found for sufficient inhalation to bring the system *perfectly* under its influence; still the sufferings of the last moments were greatly mitigated. From the commencement of the inhalation to the close of the labor, thirty minutes. Number of inhalations, five. No unpleasant symptoms occurred, and the result was highly satisfactory.

Yours, &c.

Boston, April 10th, 1847.

N. C. KEEF.



**National Medical Convention.**—At a meeting of the Delegates to the National Medical Convention from the city and county of Philadelphia, held at the Hall of the College of Physicians, March 9th, 1847, it was resolved to accept the polite offer made by the Academy of Natural Sciences, of the use of their spacious hall for the meetings of the Convention; and the following committee was appointed to make the necessary arrangements for the meetings and deliberations of that body: Drs. Hays, Condie, Emerson, Fox, Bridges, Norris, Morris, West and Paul.

The above committee, in furtherance of the objects of their appointment, invite the delegates to the National Medical Convention to meet at the Hall of the Academy of Natural Sciences, west side of Broad street, near Chestnut street, on Wednesday, May 5th, at 10 o'clock, A.M.

The several standing committees appointed at the last Convention, are invited to meet at the same place on Monday morning, May 3d, at 10 o'clock.

To facilitate intercourse between the delegates, they are invited to report themselves as soon after their arrival in Philadelphia as convenient, to the committee of reception and arrangement, named above, who will be at the Hall of the Academy of Natural Sciences on the 1st, 3d, and 4th of May, from 10, A. M. to 3, P. M., and on the evening of the 4th of May, from 7 to 10 o'clock.

The secretaries of the associations who will be represented are requested to transmit, at an early day, the names of their delegates to the chairman of the committee, Dr. I. Hays.—*The Medical News.*

**Medical Miscellany.**—Dr. Kellock, of Savannah, Geo., has performed a severe, but hopefully successful operation upon a negress, of taking away half the upper maxillary bone.—The N. Jersey Lunatic Asylum will probably be opened in the autumn for patients.—A Mrs. Williams died at Sandisfield, Mass., at the age of 103.—About fourteen months ago, a child in Northampton, Mass., swallowed a pin, and on Monday, March 15th, it pierced the skin near the groin, and was extracted.—Smallpox has made its appearance at one point of the army in Mexico. It has also broken out among the Chippaway Indians, west of Lake Michigan, and also the Winnebagoes, carrying off great numbers of them.—Dr. Wells, of Hartford, Conn., is the author of a pamphlet, just published, upon ethereal inhalation, in which he claims to be the original discoverer.

**MARRIED.**—At Shelburne Falls, Mass., Dr. S. J. W. Tabor to Miss M. A. Sherman.—At Cohasset, Mass., Fordyce Foster, M.D., to Miss A. D. Tower.

**DIED.**—In Boston, Samuel Wigglesworth, M.D., distinguished for his devotion to ophthalmic diseases, 33.—At Fall River, Mass., Dr. J. Sexton, 60.—In New York, Dr. Marcus Hurd.—In Montpelier, France, M. Broussonet, Professor of Clinical Medicine, and the oldest professor in the Empire, 80.—In Paris, M. Denoux, formerly a professor.—In London, Gee. M. Harrows, M.D., a well-known writer on insanity, 75.—At Edgefield District, S. C., Dr. A. Burt, murdered by one of his slaves.

**Report of Deaths in Boston**—for the week ending April 10th, 67.—Males, 34—females, 33. Stillborn, 4. Of consumption, 16—inflammation of the lungs, 3—inflammation of the brain, 2—inflammation of the bowels, 1—apoplexy, 1—dropsy, 2—dropsy on the brain, 3—typhus fever, 12—scarlet fever, 2—lung fever, 6—diarrhoea, 1—teething, 4—burns, 1—drowned, 1—infantile, 4—croup, 2—dysentery, 1—disease of the heart, 2—dropsy on the chest, 1—disease of the spine, 1—hooping cough, 1.

Under 5 years, 25—between 5 and 20 years, 11—between 20 and 40 years, 14—between 40 and 60 years, 9—over 60 years, 8.

*Inhalation of Sulphuric Ether in Surgical Operations.*—In devoting a considerable portion of this No. of our Journal to this subject, we feel that we are doing our readers essential service. Having now satisfied ourselves by actual experiment, that very painful operations can be performed while the patient is made insensible and unconscious by the inhalation of pure Sulphuric Ether, we entertain the opinion that a new era is about to dawn upon Surgery, produced by this important discovery. While we have been sceptical and are still so, with respect to the effects of Mesmerism in the alleviation of pain and disease, and hope ever to continue the uncompromising opponents to all species of quackery and patented remedial agents, we are free to admit our convictions concerning the value of this new mode of preparing patients for surgical operations. It is true, that in its first introduction to the profession, it was attempted to be veiled in mysticism and a patent obtained by a dentist in Boston, to whom the subject was presented by Dr. Jackson, its discoverer; but now all secrecy is removed, and no one entertains a doubt as to the identity of the so-called Lethæon, with pure Sulphuric Ether. The only questions now agitating the profession are its best mode of preparation; and secondly, is there any danger in its general administration.—*Southern Med. and Surg. Jour.*

*Employment of Sulphuric Ether Vapor in Montreal, Quebec, and Sherbrooke.*—This agent has been employed in Quebec, this city, and Sherbrooke; but not with uniform success. In Quebec, Dr. James Douglass lately amputated the toes of a man, who had been previously narcotized by the inhalation of the vapor. More lately, in this city, Dr. Nelson removed a tumor from the thigh of a woman under similar circumstances of narcotism. The removal of a leg by Dr. Worthington, of Sherbrooke, was effected under a like state of insensibility from the same cause. In these three instances the successful use of the ether vapor was complete. At the Montreal General Hospital, circumstances lately demanded the amputation of the leg of a patient. Several protracted attempts were made, and at different intervals, under Dr. Campbell, to induce the narcotic effects of the ether, but without success; the leg was afterwards removed in the ordinary way. As the man had been of very intemperate habits, it becomes a question how far these habits may have influenced the susceptibility of the patient to the influence of the ether.—*Brit. and Am. Journal of Medical and Physical Science, Montreal.*

*University of Louisville.*—The Commencement in the Medical Department of the University of Louisville was held Saturday the 6th of March, when seventy-five gentlemen, who had passed satisfactory examinations before the faculty, and otherwise complied with the requirements of the institution, received the degree of Doctor of Medicine. James C. Harris, M.D., of Wetumpka, Alabama, a graduate of Transylvania University; David A. Post, M.D., of Orangeburg, Ky., a graduate of the Medical Department of Western Reserve College, Ohio; and Thomas J. Todd, M.D., of St. Joseph, Mo., a graduate of Transylvania University, were admitted to the Ad-eundem Degree in this University. The Honorary Degree of Doctor of Medicine was conferred upon Dr. Cyprian P. Mattingly, of Bardstown, Ky., Dr. William J. Johnson, of Fort Gaines, Georgia, and Dr. Elijah Newland, of Salem, Indiana.—*West. Jour. of Med. and Surg.*